

EVALUATIVE MEDIATION COVER SHEET	CLAIM NUMBER
CLAIMANT	DEBTOR
CLAIMANT'S OR ATTORNEY'S ADDRESS AND CONTACT INFORMATION Firm Name, Address, Telephone No. and email address, if Known)	ATTORNEYS (Firm Name, Address, Telephone No. and email address)
Basis of Claim (WRITE A BRIEF STATEMENT OF THE BASIS OF THIS CLAIM) Claim Amount: \$	
NATURE OF CLAIM	
<i>Trade Claim</i> <i>Civil Rights</i> <i>Real Property</i> <i>Contract Dispute</i> <i>Electrical Contact</i>	<i>Statutory Claim</i> <i>Labor (Wages)</i> <i>Malpractice</i> <i>Disability Discrimination</i> <i>Other</i>
DOES THIS CLAIM DERIVE FROM LITIGATION?	RELATED CLAIM (if applicable)
Case Number:	Related Claim Number(s):
TRANSLATOR	
TRANSLATOR NEEDED (Check yes or no) YES: NO:	